

**EXHIBIT A**  
**IDAHO CONTINUING EDUCATION COURSE APPLICATION**  
IDAHO DEPARTMENT OF INSURANCE RULE NO. 53

NAME AND ADDRESS OF **SPONSOR** SUBMITTING COURSE

NAME AND TELEPHONE NUMBER OF **CONTACT PERSON**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

COURSE TITLE \_\_\_\_\_ DATE OF COURSE \_\_\_\_\_

LOCATION \_\_\_\_\_ CITY \_\_\_\_\_

INSTRUCTOR \_\_\_\_\_ (IF INSTRUCTOR IS NOT PREVIOUSLY APPROVED ATTACH BIO)

COURSE TYPE: LIFE ☐ HEALTH ☐ P/C ☐ ETHICS ☐ LAW ☐ GENERIC ☐

IS THIS COURSE FOR YOUR COMPANY AGENTS ONLY? YES ☐ NO ☐

IF THIS COURSE IS A RENEWAL: PRIOR COURSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

METHOD OF INSTRUCTION:

☐ Classroom/Lecture ☐ Self Study ☐ Internet ☐ Employee Training ☐ Professional Association  
☐ College/University ☐ Other \_\_\_\_\_

Number of credit hours requested for this course \_\_\_\_\_

METHOD OF DETERMINING SATISFACTORY COMPLETION:

☐ Examination ☐ Attendance ☐ Report ☐ Other \_\_\_\_\_

NAMES AND SIGNATURES OF AUTHORIZED REPRESENTATIVES TO SIGN CERTIFICATE OF COMPLETION:

Name (Type or Print) \_\_\_\_\_ Signature \_\_\_\_\_

Name (Type or Print) \_\_\_\_\_ Signature \_\_\_\_\_

**For Department Use Only:**

Date Reviewed \_\_\_\_\_

\_\_\_\_\_ Hour(s) approved including \_\_\_\_\_ Ethics \_\_\_\_\_ Law

( ) Approved hours/course type changed from the previous approval

\_\_\_\_\_ Course NOT approved for the following reason(s):

( ) Sales/Marketing Oriented ( ) Does Not Relate to Insurance ( ) Self-Motivational ( ) Computer Science

( ) Other \_\_\_\_\_

Idaho Course Number: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE:** EXHIBIT A AND EXHIBIT B MUST **BOTH** BE SUBMITTED TO THE DEPARTMENT OF INSURANCE  
ALONG WITH **\$25** PROCESSING FEE.

Idaho Department of Insurance, P.O. Box 83720, Boise, Idaho 83720-0043